Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER 5893 CAMPAIGN FINANCE REPORT COVER SHEET PG 1 ACCOUNT # 2 Total pages this report: The JC/OH INSTRUCTION Guide explains how to complete this form. (Ethics Commission filers) 00031313 1/6 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** Patrick O. NAME Date Received TRAVIS (\Box N:CKNAME LAST SUFFIX Keel CANDIDATE / ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE **OFFICEHOLDER** 1603 Westover Rd. **ADDRESS** Date Hand delivered or Sale Postmarked Austin TX 78703 ___ Change of Address O. TITLE FIRST CAMPAIGN М **TREASURER** Thornton J. NAME Receipt # Amount NICKNAME LAST SUFFiX **Date Processed** Keel Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE; ZIP CODE TREASURER 1603 Westover Rd **ADDRESS** (Residence or business) Austin TX 78703 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (512) 264-3457 **8** REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) January 15 Runoff 30th day before election July 15 8th day before election Exceeded \$500 l.mit Final report (Attach C/OH - FR) Month Day PERIOD THROUGH COVERED 12/31/2004 10/24/2004 ELECTION DATE 10 ELECTION **ELECTION TYPE** Day / Year ₽rimary X General Special 11/02/2004 OFFICE HELD (if any) OFFICE SOUGHT (if known) 11 OFFICE District Judge District Judge 345 13 NOTICE Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Cancidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN **EXPENDITURE** Name BY OTHER **INDIVIDUALS** Address/PO Box Apt, / Suite #: Zip Code City: State: additional pages

GO TO PAGE 2

Texas Ethics Commission	P.O. Box 120		(512)463-5800 1-800-325-850
SUPPORT &		OFFICEHOLDER REPORT:	FORM JC/OH COVER SHEET PG 2
14 C/OH NAME Patrick O. Keel			15 ACCOUNT # (Ethics Commission filers) 00031313
16 NOTICE FROM POLITICAL COMMITTEE(S)	have been made with	es political expenditures by political committees to support the canout the candidate's or officeholder's knowledge or consent. Candidary receive notice of such expenditures	
	GENERAL	COMMITTEE ADDRESS	······································
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2000.00
	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 102.68
EXPENDITURE TOTALS	4. TOTAL I	POLITICAL EXPENDITURES	\$ 43498.55
OUTSTANDING LOAN TOTALS		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$ 4861.49
CONTRIBUTION BALANCE		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE BY OF THE REPORTING PERIOD	\$ 0.00
	BERTHA A. SERN MY COMMISSION EXPIR July 31 2006	is true and correct and includes me under Title 15, Election Cool	of perjury, that the accompanying report all information required to be reported by le. Candidate or Officeholder
AFFIX NOTARY S	STAMP / SEAL ABOV	Parasau D V-	this the 3 day

of January, 2005, to certify which, witness my hand and seal of office.

Sure Bretha A. Serva

Signature of officer administering oath

Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages report:			
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)			
Patrick O. Keel			00031313			
4 Date	<u> </u>	ID#}	7 Amount of	8 In-kind contribution		
	_		contribution (\$)	description(if applicable)		
	Hazen & Terrill, P.C.					
10/25/2004 6 Contributor address: City; State; Zip Code			500.00			
810 W 10th St						
Austin TX 78701-2061						
9 Contributor's Attorneys	principal occupation	10 Contributor's job	title			
11 Contributor's	employer/law firm	12 Law firm of conti	ributor's spouse (if ar	ey)		
13 If contributor	s a child, law firm of parent(s) (if any)			.		
Date	Full name of contributor out-of-state PAC(:D#)	Amount of	In-kind contribution		
	Mr. & Mrs. John T. Kelley		contribution (\$)	description(if applicable)		
10/24/2004	Contributor address; City; State; Zip Code		1000.00			
	1706 Barton Creek Blvd					
	Austin TX 78735-1604			<u> </u>		
Contributor's p	orincipal occupation	Contributor's job Retired	title			
	employer/law firm	Law firm of contributor's spouse (if any)				
n/a						
If contributor i	s a child. law firm of parent(s) (if any)					
Date	Full name of contributor utl-of-state PAC	ID#)	Amount of	In-kind contribution		
	Hon. James R. Meyers		contribution (\$)	description(if applicable)		
4.0 (0.0) (0.0.0.4	Contributor address; City; State; Zip Code		050.00	!		
10/26/2004	1512 Gaston Ave		250.00			
	Austin TX 78703-2419					
Contributor's r	principal occupation	Contributor's job	title			
·			Sr. District Judge,Retired			
Contributor's	employer/law firm	Law firm of contributor's spouse (if any)				
Self						
If contributor is a child, law firm of parent(s) (if any)						
		·				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

					<u> </u>
The Instructu	ON GUIDE explains how to complete this form.	•		1 Total pages repo	ort:
			4/6		
FILER NAME				3 ACCOUNT# (E	thics Commission filers)
Patrick O. Keel			00031313		
Date	Full name of contributor	(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
					1
10/28/2004	6 Contributor address; City; State; Zip Code 100 Congress Ave Ste 300			250.00	
	Austin TX 78701-2748				,]
	principal occupation	10	Contributor's job	title	_
Attorney Contributor's 6	employer/law firm	12	Partner	ributor's spouse (if a	nv)
	II & Sapp LLP	<u>'</u> د	Law IIIII of Conti	ibutoi s spouse (ii a	ny)
	s a child, law firm of parent(s) (if any)	<u> </u>			
					·

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages 5/6			report:	
2 FILER NAME			3 ACCOUNT	# (Ethres Commission fiers)
Patrick O. Ki	eel		0003131	3
4 Date	5 Рауее лате			7 Amount (\$)
11/26/2004	Andrew York			180.00
	6 Payee address; City; State; Zip Code			
	3501 Mount Barker Dr			
	Austin TX 78731-5101			
8 Purpose of exp information red Sign removal		9 Complete if direct exper Candidate / Officeholder na		
Date	Payee name	<u> </u>		Amount
12/01/2004	Green Pastures Restaurant			(\$)
12/01/2001	Payee address; City; State; Zip Code			145.91
	811 W Live Oak St			
	Austin TX 78704-5032			
Purpose of exp information req Meals	penditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Off ceholder na		
Date	Payee name			Amount (\$)
10/25/2004	KVUE Payee address; City; State; Zip Code			2167.50
	3201 Steck Ave			
	Austin TX 78757-8026			
Purpose of exp information req Advertising	enditure (See instructions regarding type of uired.)	Complete if direct expen Candidate / Officeholder na		
Date	Payee name			Amount
10/25/2004	KXAN			(\$) 2239.75
	Payee address; City; State; Zip Code			2239.73
	908 W Martin Luther King Jr Blvd			
	Austin TX 78701-1018			·
Purpose of exp information req Advertising	enditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder na		
		l		-

POLITIC EXPENI	CAL DITURES					SCHEDULE F
The Instruction		1 Total pages report: 6/6			report:	
2 FILER NAME Patrick O. Ke	3 ACCOUNT # (Ethics Commission filers) 00031313					
4 Date	5 Payee name				<u> </u>	7 Amount (S)
10/30/2004	Texas Mailhouse Inc. 6 Payee address; City; State; Zip Code 8606 Wall St Austin TX 78754			4035.33		
8 Purpose of exp information req Printing	enditure (See instructions regarding type of	9 Complete if direct expen Candidate / Officeholder na		re to b	enefit C Office so	
Date	Payee name					Amount (\$)
11/05/2004	Thornton J. Keel Payee address: City; State: Zip Code 23812 Tres Coronas Spicewood TX 78669-1631					15000.00
Purpose of exp information req Consulting	enditure (See instructions regarding type of uired.)	·· Complete if direct expen Candidate / Officeholder na		e to b	enefit C Office so	
Date	Payee name					Amount (\$)
10/25/2004	U.S. Post Office Payee address; City; State; Zip Code 510 Guadalupe St					19627.38
Purpose of exp	Austin TX 78701-2924 enditure (See instructions regarding type of	Complete if direct expen	nditur	e to b	enefit C	C/OH
information requ Postage	uired.)	Candidate / Officeholder na	ame		Office so	
						:
		 				